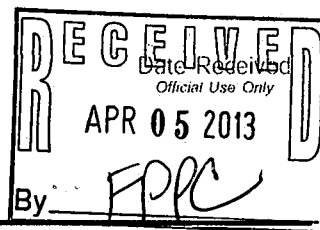


STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MARTINEZ VICTORIA RENEE

1. Office, Agency, or Court

Agency Name

CITY OF EL MONTE

Division, Board, Department, District, if applicable

EL MONTE CITY COUNCIL

Your Position

COUNCILWOMAN

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of LOS ANGELES

☒ City of EL MONTE

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 4/2/13  
(month, day, year)

**SCHEDULE D**  
**Income - Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>VICTORIA MARTINEZ</b>
---

► NAME OF SOURCE (Not an Acronym)  
**VALLEY VISTA SERVICES**

ADDRESS (Business Address Acceptable)  
**17445 RAILROAD ST.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**CITY OF INDUSTRY, CA**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/16/12	\$ 30	LUNCH
1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)  
**PACIFICA SERVICES**

ADDRESS (Business Address Acceptable)  
**106 S. MENTOR AVE**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**PASADENA, CA**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/12/12	\$ 45	LUNCH
1/1/12	\$	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)  
**SOUTHERN CALIFORNIA EDISON**

ADDRESS (Business Address Acceptable)  
**8631 RUSH ST.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**ROSEMEAD, CA**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/12/12	\$ 200	ROUND OF GOLF AND DINNER
9/19/12	\$ 25	
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)  
**MONARES GROUP**

ADDRESS (Business Address Acceptable)  
**100 S. VINCENT AVE #403,**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**WEST COVINA, CA**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/27/12	\$ 25	LUNCH
8/23/12	\$ 30	LUNCH TICKET
10/23/12	\$ 60	LUNCHEON TICKET

► NAME OF SOURCE (Not an Acronym)  
**CRAIG COOK**

ADDRESS (Business Address Acceptable)  
**14715 LOZANO DR.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**BALDWIN PARK, CA 91706**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/28/12	\$ 25	LUNCH
5/2/12	\$ 30	LUNCH
1/1/12	\$	

► NAME OF SOURCE (Not an Acronym)  
**SOUTHLAND TRANSIT**

ADDRESS (Business Address Acceptable)  
**3650 ROCKWELL AVE.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**EL MONTE, CA**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9/28/12	\$ 15	BREAKFAST
1/1/12	\$	
1/1/12	\$	

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

VICTORIA MARTINEZ

► NAME OF SOURCE (Not an Acronym)

ROSE HILLS MORTUARY

ADDRESS (Business Address Acceptable)

3888 WORKMAN MILL RD.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

WHITTIER, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/12/12 \$ 100 DINNER TICKET

    \$        

    \$        

► NAME OF SOURCE (Not an Acronym)

TECS ENVIRONMENTAL

ADDRESS (Business Address Acceptable)

106 S MENTOR AVE.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PASADENA, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12/8/12 \$ 100 DINNER

    \$        

    \$        

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

    \$        

    \$        

    \$        

► NAME OF SOURCE (Not an Acronym)

TEZACU

ADDRESS (Business Address Acceptable)

5400 E. OLYMPIC BLVD.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

COMMERCE, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

6/8/12 \$ 300 DINNER TICKET

    \$        

    \$        

► NAME OF SOURCE (Not an Acronym)

URBAN ASSOCIATES

ADDRESS (Business Address Acceptable)

5800 S. EASTERN AVE #260

BUSINESS ACTIVITY, IF ANY, OF SOURCE

COMMERCE, CA

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/26/12 \$ 15 BREAKFAST

12/19/12 \$ 15 BREAKFAST

    \$        

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

    \$        

    \$        

    \$        

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <b>VICTORIA MARTINEZ</b>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym) **LEAGUE OF CA CITIES**  
ADDRESS (Business Address Acceptable) **1400 K Street, #400**  
CITY AND STATE **SACRAMENTO**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3) **NEWLY ELECTED CONFERENCE**  
DATE(S): **1/10/12 - 1/20/12** AMT: \$  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
**TRAVEL, REGISTRATION, HOTEL**

► NAME OF SOURCE (Not an Acronym) **SOUTHERN CA. ASSN. OF GOVTS**  
ADDRESS (Business Address Acceptable) **818 W. 7TH STREET, 12 FLOOR**  
CITY AND STATE **LOS ANGELES, CA 90017**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): **4/4/12 - 4/5/12** AMT: \$  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
**REGISTRATION & HOTEL**

► NAME OF SOURCE (Not an Acronym) **LATINO ELECTED NATIONAL ASSOCIATION OF OFFICIALS**  
ADDRESS (Business Address Acceptable) **1122 W. WASHINGTON BLVD, 3RD FLOOR**  
CITY AND STATE **LOS ANGELES, CA**  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3) **NEWLY ELECTED CONFERENCE**  
DATE(S): **11/14/12 - 11/17/12** AMT: \$  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
**TRAVEL, REGISTRATION, HOTEL**

► NAME OF SOURCE (Not an Acronym)  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): AMT: \$  
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

Comments: \_\_\_\_\_